

8.B Medicare: Enrollment, Utilization, & Reimbursement

Table 8.B9.—Supplementary Medical Insurance: Number of reimbursed bills, charges, and amount reimbursed, by type of service and type of beneficiary, 1966–98

[In thousands. Includes only bills for which reimbursements were made by carriers or intermediaries and recorded in Health Care Financing Administration records before March 26, 1999]

Period claim approved ¹	All services ²	Physicians' services			Outpatient hospital services	Independent laboratory services	Home health services ³	All other services	
		Total	Surgical ⁴	Medical ⁴					
Persons aged 65 or older	Number of bills								
	1966	1,360	1,268	313	956	39	14	16	22
	1978	114,486	90,239	18,186	72,053	13,037	4,234	805	6,171
	1983	176,086	134,335	16,654	117,681	20,701	8,827	82	12,141
	1990	418,160	312,037	34,531	277,506	40,209	38,913	129	26,872
	1993	505,667	359,438	39,831	319,607	40,130	40,707	108	39,824
	1994	553,054	397,121	42,644	354,477	44,169	52,169	118	45,744
	1995	577,933	407,695	44,994	362,701	47,915	53,352	207	68,764
	1996	582,962	407,005	45,742	361,263	50,369	50,718	247	74,623
	1997	598,387	417,786	46,284	371,502	51,954	50,122	245	78,280
	1998	609,281	426,413	46,181	380,232	52,600	48,587	3,464	78,217
	Allowed charges ⁵								
	1966	\$123,593	\$119,818	\$60,580	\$59,237	\$973	\$472	\$1,021	\$1,310
	1978	7,992,518	6,170,346	2,464,820	3,705,526	1,117,213	70,257	109,558	525,144
	1983	24,565,669	14,573,773	6,111,658	8,462,115	8,027,936	250,424	27,355	1,686,181
	1990	51,104,821	30,592,027	12,518,815	18,073,212	13,623,138	1,377,567	100,152	5,411,937
	1993	68,715,590	33,599,126	12,015,131	21,583,995	23,809,800	1,843,545	169,539	9,293,580
	1994	76,444,051	37,783,476	12,875,813	24,907,663	28,051,250	1,829,578	211,100	8,568,647
	1995	83,688,098	39,732,907	13,702,980	26,029,927	31,516,685	1,818,316	275,741	10,344,449
	1996	87,533,834	39,154,931	13,152,123	26,002,808	34,780,700	1,604,879	314,485	11,678,839
1997	92,073,870	40,268,159	12,920,686	27,347,473	37,152,099	1,502,468	331,165	12,819,979	
1998	99,959,267	41,478,009	12,119,255	29,358,754	38,807,643	1,333,624	4,477,443	13,862,548	
Amount reimbursed ⁶									
1966	\$83,713	\$81,348	\$43,436	\$37,912	\$502	\$329	\$629	\$905	
1978	5,933,099	4,736,819	1,921,427	2,815,392	644,632	68,149	105,395	378,104	
1983	14,756,262	11,300,926	4,824,454	6,476,472	2,006,984	200,339	21,884	1,226,129	
1990	34,742,058	23,661,307	9,711,014	13,950,293	6,021,631	1,327,053	70,237	3,661,830	
1993	41,765,717	26,318,041	9,455,819	16,862,222	7,910,644	1,796,000	120,591	5,620,441	
1994	45,707,103	29,621,615	10,153,343	19,468,272	8,852,771	1,778,769	150,643	5,303,305	
1995	49,466,724	31,107,569	10,809,672	20,297,897	10,259,137	1,765,624	196,890	6,137,504	
1996	50,412,685	30,653,596	10,369,798	20,283,798	10,700,480	1,555,599	225,020	7,277,990	
1997	52,163,875	31,546,619	10,194,712	21,351,907	11,103,156	1,452,580	232,291	7,829,229	
1998	55,395,305	32,479,292	9,562,408	22,916,884	10,736,703	1,280,115	3,094,733	7,804,462	
Disabled beneficiaries:	Number of bills								
	1990	42,871	28,969	2,600	26,369	6,669	3,810	...	3,423
	1993	59,343	38,446	3,364	35,083	8,743	5,217	...	6,937
	1994	69,141	45,823	3,819	42,004	10,061	6,466	...	6,791
	1995	76,912	49,724	4,256	45,467	11,135	7,728	...	8,325
	1996	81,604	52,108	4,511	47,597	12,048	7,897	2	9,549
	1997	85,458	55,047	4,741	50,306	12,328	7,983	...	10,100
	1998	89,400	57,707	4,928	52,778	12,676	8,025	333	10,659
	Allowed charges ⁵								
	1990	\$6,619,125	\$2,963,905	\$994,472	\$1,969,433	\$2,700,544	\$146,877	\$604	\$807,195
	1993	10,474,600	3,785,436	1,072,254	2,713,182	5,168,912	207,027	108	1,313,117
	1994	12,323,785	4,610,406	1,220,687	3,389,719	6,427,829	239,103	14	1,046,433
	1995	14,236,552	5,003,730	1,381,242	3,622,488	7,578,966	280,617	97	1,373,142
	1996	15,738,884	5,101,362	1,390,271	3,711,091	8,609,270	279,350	148	1,748,754
	1997	16,857,198	5,360,767	1,407,539	3,953,228	9,287,526	277,559	12	1,931,334
	1998	18,507,627	5,743,592	1,394,440	4,349,152	9,669,752	251,223	494,071	2,348,989
	Amount reimbursed ⁶								
	1990	\$4,526,423	\$2,253,896	\$768,391	\$1,485,505	\$1,534,430	\$142,663	\$412	\$595,022
	1993	6,415,706	2,884,708	835,115	2,049,593	2,428,286	203,551	73	899,088
	1994	7,340,268	3,514,272	952,576	2,561,696	2,857,360	234,509	9	734,118
1995	8,345,643	3,792,850	1,078,514	2,714,336	3,298,320	275,889	68	978,516	
1996	9,012,221	3,859,834	1,087,703	2,772,131	3,628,852	274,334	103	1,249,098	
1997	9,490,877	4,060,671	1,100,989	2,959,682	3,807,331	272,504	9	1,350,362	
1998	10,255,249	4,348,918	1,090,397	3,258,521	3,820,824	245,003	334,026	1,506,478	

¹ Period for which the carrier approved bills for payment.

² Included in total, but not shown separately, are some bills and charges for which type of service is unknown.

³ Due to BBA provisions, beginning in 1998 Part A now has a 100 visit limit and additional Home Health services will be billed under Part B.

⁴ Where both medical and surgical charges are included on a single bill, the highest-priced service is the determining factor in classifying the bill.

⁵ Includes physician or supplier allowed charges as determined by the carrier and amounts actually billed by providers for outpatient hospital and home health services.

⁶ Amount reimbursed to or on behalf of the beneficiary—generally 80 percent of the allowed charges, once the beneficiary has satisfied the deductible in the current year. Some radiology and pathology services are reimbursed at a 100 percent rate, regardless of the beneficiary's deductible status.

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